

1653 \$ 20

CERTIFICATE OF MAILING UNDER 1.8

I hereby certify that this paper or fee is being deposited with the United States Postal Service with sufficient postage with service under 37 C.F.R. 1.8 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Signature

Hally Frannie

Date

8/8/2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Mark Leslie Smythe, et al.

Serial No. 09/806,036

Filed: July 5, 2001

For: SYNTHESIS OF CYCLIC PEPTIDES

Confirmation No.: 3406

Group Art Unit: 1653

Examiner: Kam, Chih Min

Docket No.: 36677.29

TRANSMITTAL

Mail Stop AMENDMENT
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed are the following regarding the above-identified patent application:

1. Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address;
2. Information Disclosure Statement;
3. PTO Form 1449 with 13 References enclosed;
4. Fee Transmittal Sheet (in duplicate); and
5. Return Postcard.

The Commissioner is hereby authorized to charge payment of any further fees associated with any of the papers submitted herewith or to credit any overpayment to Deposit Account No. 08-1394.

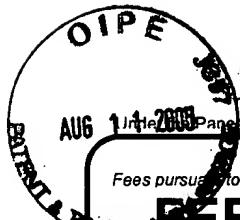
Respectfully submitted,

Mark D. Moore

Mark D. Moore, Ph.D.
Reg. No. 42,903

Date: 8 AUGUST 2005

HAYNES AND BOONE, LLP
901 Main Street, Suite 3100
Dallas, Texas 75202-3789
Telephone: 713-547-2040
Facsimile: 214-200-0853



AUG 14 2005 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEET TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$)

Complete if Known

Application Number	09/806,036
Filing Date	07/05/2001
First Named Inventor	Mark Leslie Smythe
Examiner Name	Kam, Chih Min
Art Unit	1653
Attorney Docket No.	36677.29

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 08-1394 Deposit Account Name: Haynes and Boone, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple dependent claims	360 180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	_____ x _____ = _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)

\$130

SUBMITTED BY

Signature	<i>Mark D. Moore</i>	Registration No. 42,903 (Attorney/Agent)	Telephone 713-547-2000
Name (Print/Type)	Mark D. Moore, Ph.D.	Date 8 AUG 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.